Schedule E)	FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼			
National Association of Realtors Congressional Fund	C C00488742			
	0 00000			
Check if 24-hour report 48-hour report New report Amends report file	d on M = M / D = D / Y = Y = Y			
Full Name of Payee Meath Media Group	Date of Public Distribution/Dissemination			
Weath Wedia Group	09 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 4441 Klingle St., NW	Amount			
City State Zip Code	25020.00			
Washington DC 20016-3578	Transaction ID : EECAF4D918BC641C196E Date of Disbursement or Obligation			
Purpose of Expenditure Online video production costs Category/ Type	M = M / D = D / Y = Y = Y			
Name of Federal Candidate Support Office	e Sought: X House District: 23			
Rep. Tom W. Reed II	President Senate State: NY			
Calendar Year-To-Date Per Election for Office Sought Disb. 28620.00 Disb. 2014	oursement For: Primary			
Full Name of Payee	Date of Public Distribution/Dissemination			
720 Strategies LLC	09 15 2014			
Mailing Address 1111 19th St NW				
	Amount			
City State Zip Code	3500.00			
Washington DC 20036-3603	Transaction ID: E739BAB4FC6DB437DAD Date of Disbursement or Obligation			
Purpose of Expenditure Wesite design costs Category/ Type	M = M / D = D / Y = Y = Y = Y			
Name of Federal Candidate Support Office	ce Sought: X House District: 23			
Rep. Tom W. Reed II	President Senate State: NY			
Calendar Year-To-Date Per Election for Office Sought Disk 28620.00				
	Other (specify) -			
(a) SUBTOTAL of Itemized Independent Expenditures	28520.00			
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent expenditures reported herein were not me with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.				
2 4.10	09 16 2014			
Signature				

Schedule L)				FOR SE OF	FORM 24/48		
NAME OF COMMITTEE (In Full) National Association of Booltons Congressional Fund					EC IDENTIFICATION NUMBER		
National Association of Realtors Congressional Fund				C C00488742			
Check if 24-hour report	48-hour report New rep	oort Amends repo	rt filed on	/ D = D /	Y Y Y Y Y		
Full Name of Payee			Date	of Public Distribution	/Dissemination		
720 Strategies LLC Mailing Address 1111 19th St NW			N	09 15 2014			
			Amou	Amount			
City	City State Zip Code Washington DC 20036-3603				3500.00		
				Transaction ID : E3064B4A5D4B34944BCF Date of Disbursement or Obligation			
Purpose of Expenditure Wesite design costs		Category/ Type		/ D D /	Y Y Y Y Y		
Name of Federal Candidate		Support	Office Sough	nt: X House	District:19		
Rep. Chris P. Gibson		Oppose	Preside		State: NY		
Calendar Year-To-Date		0000000	Disbursemen	nt For: Primary	/ X General		
Per Election for Office So	ought	28600.00	2014 0	other (specify) -			
Full Name of Payee Rafferty Weiss Media			Date	of Public Distribution	/Dissemination		
				09 / 15	2014		
Mailing Address 7625 Wisc	consin Avenue, Suite 300		Amou	ınt			
City	State	Zip Code	$-\Gamma$		25000.00		
Bethesda				Transaction ID : E06C7CB37A38149C6884 Date of Disbursement or Obligation			
Purpose of Expenditure Online video production costs	;	Category/ Type		/ D = D /	Y Y Y Y		
Name of Federal Candidate		X Support	Office Sough	nt: X House	District:19		
Rep. Chris P. Gibson		Oppose	Presid	ent Senate	State: NY		
Calendar Year-To-Date Per Election for Office S	ought	28600.00	Disbursemer 2014	nt For: Primary	y X General		
(a) SUBTOTAL of Itemized Inc	dependent Expenditures			officer (Specify)	28500.00		
(b) SUBTOTAL of Unitemized Independent Expenditures							
(c) TOTAL Independent Exper	nditures		•	7 7			
	rify that the independent expenditures estion of, any candidate or authorized party committee or its agent.						
Michael McGrew	[Electron	nically Filed] Date	M M /	16 / Y Y Y	14		
Signature	[235000]	Date	00	.0 20			

PAGE 2

		FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)	Fund	FEC IDENTIFICATION NUMBER ▼		
National Association of Realtors Congressional	C C00488742			
Check if 24-hour report X 48-hour report New rep	port Amends report file	ed on Mam / Dad / Yayayay		
Full Name of Payee		Date of Public Distribution/Dissemination		
720 Strategies LLC		09 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 1111 19th St NW		Amount		
City State	Zip Code	3500.00		
Washington DC	20036-3603	Transaction ID : E1B9979B48B0C416CB7E Date of Disbursement or Obligation		
Purpose of Expenditure Wesite design costs	Category/ Type	M = M / D = D / Y = Y = Y		
Name of Federal Candidate	X Support Offi	ice Sought: X House District: 18		
Rep. Patrick E. Murphy	Oppose	President Senate State: FL		
Calendar Year-To-Date Per Election for Office Sought	29670.00 Dis 201	bursement For: Primary General 4 Other (specify) ▶		
Full Name of Payee JKM CONSULTING Mailing Address 4441 Klingle St NW		Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City State	Zip Code	26070.00		
Washington DC	20016-3578	Transaction ID : ED36FC38E4E1B43CEBBI Date of Disbursement or Obligation		
Purpose of Expenditure Online video production costs	Category/ Type	M = M / D = D / Y = Y = Y		
Name of Federal Candidate	X Support Off	ice Sought:		
Rep. Patrick E. Murphy	Oppose	President Senate State: FL		
Calendar Year-To-Date Per Election for Office Sought	29670.00 Dis 20	sbursement For: Primary		
(a) SUBTOTAL of Itemized Independent Expenditures		29570.00		
(b) SUBTOTAL of Unitemized Independent Expenditures	·····			
(c) TOTAL Independent Expenditures	······			
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.				
	nically Filed] Date	09 16 2014		
Signature				

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	medule Ly			FC	R SE OF	FORM 24/48	
NAME OF COMMITTEE (In Full) National Association of Realtors Congressional Fund				FEC IDENTIFICATION NUMBER ▼			
				C C00488742			
Che	eck if 24-hour report X 48-hour report New report Amends	ds report	filed on	M / C	D D /	Y = Y = Y	
٦	Full Name of Payee		Date of	Public Di	stribution/E	Dissemination	
National Association of REALTORS Mailing Address 430 N Michigan Ave			O		15	2014	
			Amount	Amount			
-	City State Zip Code					100.00	
	Chicago IL 60611-4011			Transaction ID : E0278F557359642FDA22 Date of Disbursement or Obligation			
	Purpose of Expenditure Consulting Services Category/ Type		М		D D /	Y = Y = Y = Y	
- [Name of Federal Candidate Supp	port C	Office Sought:	X	House D	District: 18	
	Rep. Patrick E. Murphy Oppo		Presiden		Senate	State:FL	
	Calendar Year-To-Date Per Election for Office Sought 29670.00		Disbursement 014		Primary	X General	
	Tot Election for Cinice Godgitt	_		er (specif	y) ▶		
	Full Name of Payee National Association of REALTORS		М	M /	D D /	Dissemination	
	Mailing Address 430 N Michigan Ave		Amount	9	15	2014	
-	City State Zip Code					100.00	
	Chicago IL 60611-4011		Transac Date of	ion ID : E	EAB51F454 ment or O	492B04BD9895 bligation	
	Purpose of Expenditure Consulting Services Category/ Type		M	M /	D D /	Y # Y # Y # Y	
	Name of Federal Candidate Supp	port	Office Sought:	XI	House [District: 19	
	Dan Ohala D. O'hann		Presiden		Senate	State: NY	
	Calendar Year-To-Date Per Election for Office Sought 28600.00		Disbursement 2014 Oth	For:	Primary fv) ▶	X General	
((a) SUBTOTAL of Itemized Independent Expenditures		•	(5,500)		200.00	
(b) SUBTOTAL of Unitemized Independent Expenditures							
((c) TOTAL Independent Expenditures	···········)	-	-7-			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.							
	Michael McGrew [Electronically Filed]	Date	M M / 09	16	2014		
	Signature	Dale	ا لتب	لند	2014		
				1	1		

PAGE 4

		FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full) National Association of Realtors Congressional Fund	FEC IDENTIFICATION NUMBER ▼				
		C C00488742			
Check if 24-hour report X 48-hour report New report A	mends report filed on	M / D = D / Y = Y = Y			
Full Name of Payee National Association of REALTORS		Public Distribution/Dissemination			
		09 / 15 / 2014			
Mailing Address 430 N Michigan Ave	Amount				
City State Zip Code		100.00			
Chicago IL 60611-40		ction ID : E0D964273804244E9A2A Disbursement or Obligation			
Purpose of Expenditure Consulting Services Category Type		M / D D / Y Y Y Y			
Name of Federal Candidate	Support Office Sought:	House District:23			
Rep. Tom W. Reed II	Oppose Presiden	AD/			
Calendar Year-To-Date Per Election for Office Sought 28620.00	Disbursement I 2014	, ,			
		er (specify)			
Full Name of Payee		Public Distribution/Dissemination			
Mailing Address	Amount				
City State Zip Code					
	Data of	Disbursement or Obligation			
Purpose of Expenditure Category	/	M / D D / Y Y Y Y			
Name of Federal Candidate	0 1 0 11	5:			
Tham of Fostial Sandidate	Support Office Sought: Oppose Presiden				
Calendar Year-To-Date Per Election for Office Sought	Disbursement	For: Primary General ner (specify) ▶			
(a) SUBTOTAL of Itemized Independent Expenditures	······································	100.00			
(b) SUBTOTAL of Unitemized Independent Expenditures		7 1 7 1 7			
(c) TOTAL Independent Expenditures	······································	86890.00			
Under penalty of perjury I certify that the independent expenditures reported h with, or at the request or suggestion of, any candidate or authorized committee party committee) any political party committee or its agent.					
Michael McGrew [Electronically Filed]	Date 09	16 2014			
Signature					

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